



P A T E N T

**UNITED STATES PATENT AND TRADEMARK OFFICE**

In re: Albert Chin et al. Confirmation No.: 2449  
Serial No.: 09/898,710 Examiner: M. Eashoo  
Filing Date: July 3, 2001 Group Art Unit: 1732  
Docket No.: 1001.1468101 Customer No.: 28075  
For: MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL  
ORIENTATION

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT AFTER FINAL**

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315613609 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 5th day of April 2004.

By Kathleen L. Boekley  
Kathleen L. Boekley

Dear Sir:

This paper is in response to the Final Office Action mailed February 6, 2004, with a priority period set to expire on April 6, 2004 and a shortened statutory period set to expire on May 6, 2004. This paper is filed within the set priority period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.



A-6-04

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AF  
1732

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**TRANSMITTAL SHEET**

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Commissioner for Patents  
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Alexandria, VA 22313-1450

Sir:

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By Kathleen L. Boekley  
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We are transmitting herewith the attached:

[XX] Amendment After Final  
[XX] No additional claim fee required  
[ ] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86=	\$
( ) FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

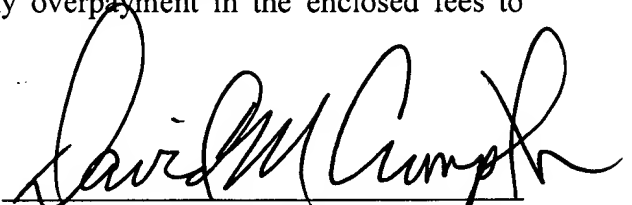
[ ] A check in the amount of \$\_\_\_\_\_ is enclosed. Itemization:  
Fee Code \_\_\_\_\_ \$  
Fee Code \_\_\_\_\_ \$  
Fee Code \_\_\_\_\_ \$

[ ] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[ ] Other: \_\_\_\_\_.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:   
David M. Crompton, Reg. No. 36,772

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